UNITED STATE FORM D



NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D.



OMB APPROVAL

umber:

3235-0076

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May 31, 2002

....ated average burden hours per response.....1

SEC USE ONLY

Prefix Serial

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPT	ION DATE RECEIVED
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Common Stock and Common Stock Warrant Issuance	1081290
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Redback Networks Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 300 Holger Way, San Jose, CA 95134	Telephone Number (Including Area Code) 408-750-5000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Provider of advanced networking systems	PROCESSE
Type of Business Organization Corporation Dimited partnership, already formed District partnership, to be formed other	(please specify): THOMSON
Actual or Estimated Date of Incorporation or Organization: Month Year	FINANCIAL Actual Estimated ate: DE

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	<u>"</u>	A. BASIC ID	ENTIFICATION DATA		
Each beneficial ownEach executive office	e issuer, if the issuer ha er having the power to	as been organized within the vote or dispose, or direct th orate issuers and of corporat	ne vote or disposition of, 10		equity securities of the issuer; suers; and
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
DeNuccio, Kevin A.	·····				
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)			
c/o Redback Networks Inc.,	300 Holger Way, Sa	in Jose, CA 95134			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director □ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Lamond, Pierre R.					
Business or Residence Addres	•	•			
c/o Redback Networks Inc.,	300 Holger Way, Sa	in Jose, CA 95134			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Garg, Gaurav					
Business or Residence Addres		•			
c/o Redback Networks Inc.,	300 Holger Way, Sa	in Jose, CA 95134	_		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Haque, Promod	·			 .	
Business or Residence Address		•			
c/o Redback Networks Inc.,	300 Holger Way, Sa	in Jose, CA 95134		·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director □	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Kurtz, William					
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
c/o Redback Networks Inc.,	300 Holger Way, Sa	in Jose, CA 95134			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if Listwin, Donald J.	findividual)				
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)			
c/o Redback Networks Inc.,		-			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Warmenhoven, Daniel J.	· · · ,				
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
c/o Redback Networks Inc.,		-			
	(Use blank	sheet, or copy and use add	ditional copies of this shee	et, as necessary)	

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)			·	
Antoun, Georges					
Business or Residence Addres	ss (Number and Street,	City, State, Zip Code)			
c/o Redback Networks Inc.,	300 Holger Way, San	Jose, CA 95134			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Arnold, Joel M.	individual)				
Business or Residence Address	ss (Number and Street	City, State, Zin Code)			
c/o Redback Networks Inc.,	•	•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Patel, Pankaj S.					
Business or Residence Address	ss (Number and Street,	City, State, Zip Code)			
c/o Redback Networks Inc.,	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)		_		
Rabbe, Lars					
Business or Residence Addres	ss (Number and Street,	City, State, Zip Code)			
c/o Redback Networks Inc.,	300 Holger Way, San	Jose, CA 95134			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Wolf, Dennis P.					
Business or Residence Addres	ss (Number and Street,	City, State, Zip Code)			
c/o Redback Networks Inc.,	300 Holger Way, San	Jose, CA 95134			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addres	ss (Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addre	ss (Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addre	ss (Number and Street,	City, State, Zip Code)	-		
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					В.	INTUR	MATION	ABOUT OF	TERING				1
1. I	Has the i	issuer sold,	or does the is	ssuer intend t				•	under ULOE.			Yes	No ⊠
2. 1	What is t	the minimu	m investmen	t that will be				_				\$	N/A
					·	·						Yes	No
				•	-				indirectly, any			\boxtimes	
r	emunera person or	ation for sol r agent of a	icitation of po broker or dea	urchasers in d ler registered	connection w I with the SE	vith sales of se C and/or wit	ecurities in the	e offering. I ates, list the r	f a person to be name of the be orth the inform	e listed is an roker or deal	associated er. If more		
	dealer on		st, if individu	1\								· · ·	
	•	First Bosto		iai)									
				per and Street	t, City, State	, Zip Code)			•••				
650 C	alifornia	a Street, 33	S rd Floor										
Name	of Asso	ciated Brok	er or Dealer										•
		o, CA 9410		licited or Inte	nda to Solia	it Durchagers							
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·		1 States or	check individ	ouais States)		••••••	*******************		***************************************	***************************************			
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[N	/IT}	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
		(CC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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Full N Busine	lame (La	ast name fire	st, if individu										
Full N Busine	ess or Re	ast name fire esidence Ac eciated Brok	st, if individu	per and Stree	t, City, State	, Zip Code)							
Full N Busine Name	ess or Re	ast name fire esidence Ac eciated Brok	st, if individu ddress (Numb eer or Dealer isted Has Sol	per and Street	t, City, State	, Zip Code)						Па	II States
Full N Busine Name States (Ch	of Associn Whice	esidence Acceptated Brokenses Line Person Line 1 States" or	st, if individu	per and Street	t, City, State	, Zip Code)	••••••••••		TNO.				Il States
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Full N Busine Name States (Ch	of Assorin Which ML]	esidence Acceptated Broken Person L. 1 States" or [AK]	st, if individual dress (Number or Dealer isted Has Sol check individual [AZ]	per and Street licited or Inte duals States) [AR] [KS]	nds to Solic: [CA] [KY]	, Zip Code) it Purchasers [CO] [LA]	[CT]	[DE] [MD]	[DC] [[MA]	(FL) (MI)	[GA] [MN]	[HI] [MS]	[ID] [MO]
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security Debt	Offering Price	Sold S
	Equity		\$35,801,060.00
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ (1)	\$(1)
	Partnership Interests		\$
	Other (Specify)		\$
	Total		\$35,801,060.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	1	\$_35,801,060.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		5 .00
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$200,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	\boxtimes	\$_1,500,000.00
	Other Expenses (identify)		\$
	Total		\$_1,700,000.00

⁽¹⁾ Warrants to purchase up to a maximum of 14,178,170 additional shares of Common Stock have been issued at per share purchase prices to be determined in the future.

5. Indica the pur left of forth i Salaria Purch Const Acqui used i Repay Worki Other	expenses furnished in response to Pareds to the issuer." ate below the amount of the adjusted apposes shown. If the amount for any if the estimate. The total of the payment in response to Part C - Question 4.b apposes and fees asse of real estate asse, rental or leasing and installation truction or leasing of plant buildings is isition of other businesses (including in exchange for the assets or securitive truction of indebtedness	gate offering price given in response to Part C - Question 1 art C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer used or proposed to be used for each purpose is not known, furnish an estimate and check the box to ents listed must equal the adjusted gross proceeds to the issuer above. The formal price given in response to Part C - Question 1 are to C - Question	Payments to Officers, Directors & Affiliates \$	s s
5. Indica the pur left of forth i Salaria Purch Const Acqui used i Repay Worki	ate below the amount of the adjusted a proses shown. If the amount for any if the estimate. The total of the payme in response to Part C - Question 4.b is its and fees	gross proceeds to the issuer used or proposed to be used for each purpose is not known, furnish an estimate and check the box to ents listed must equal the adjusted gross proceeds to the issuer above. I of machinery and equipment	Payments to Officers, Directors & Affiliates S	Others S S \$ \$
the purleft of forth in Salarion Purch. Const. Acquired in Repay. Working Other	irposes shown. If the amount for any fithe estimate. The total of the payment in response to Part C - Question 4.b and fees	purpose is not known, furnish an estimate and check the box to ents listed must equal the adjusted gross proceeds to the issue above. of machinery and equipment	Payments to Officers, Directors & Affiliates \$	Others S S \$ \$
Purch Purch Const Acqui used i Repay Worki	nase of real estate nase, rental or leasing and installation truction or leasing of plant buildings isition of other businesses (including in exchange for the assets or securitive)	and facilities	Officers, Directors & Affiliates	Others S S \$ \$
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Acqui used i Repay Worki	isition of other businesses (including in exchange for the assets or securitive)	the value of securities involved in this offering that may be so of another issuer pursuant to a merger)	🗆 \$	
used i Repay Worki Other	in exchange for the assets or securition	es of another issuer pursuant to a merger)		 \$
Worki Other			_	
Other	ting capital		🗆 \$	□ s
			🗆 s	⊠ \$34,101,060.00
	r (specify):		🗆 \$	□ s
Colum	mn Totals		🗆 s	⊠ \$ <u>34,101,060.00</u>
7	Total Payments Listed (column total	s added)	× 34,10)1,060.00
		D. FEDERAL SIGNATURE		
undertaking	by the issuer to furnish the U.S. Secur	by the undersigned duly authorized person. If this notice is filed rities and Exchange Commission, upon written request of its staff Rule 502.		
Issuer (Pri	int or Type)	Signature	Date	
-	letworks Inc.	Allowar I Lover III	May 30, 2002	
	igner (Print or Type)	Title of Signer (Print or Type)		, <u>, , , , , , , , , , , , , , , , , , </u>
Thomas L.	Cronan III	Vice President and General Counsel		

_	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
	See Appendix, Column 5, for state response.		

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
Redback Networks Inc.		May 30, 2002	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Thomas L. Cronan III	Vice President and General Counsel		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.